

File No. 21CR 053859	Law Enforcement Case No. 21081426 HENDERSON COUNTY SHERIFFS OFFICE	LID No. 918035	SID No.	FBI No. WC9591CP2
WARRANT FOR ARREST		STATE OF NORTH CAROLINA In The General Court Of Justice District Court Division HENDERSON County		
Offense I M-INJURY TO PERSONAL PROPERTY				
THE STATE OF NORTH CAROLINA VS.				
Name And Address Of Defendant MACKENZIE ELAINE BROWN 158 HAVEN ROAD EAST FLAT ROCK NC 28726 HENDERSON (828) 489-7361		To any officer with authority and jurisdiction to execute a warrant for arrest for the offense(s) charged below. I, the undersigned, find that there is probable cause to believe that on or about the date of offense shown and in the county named above the defendant named above unlawfully and willfully did wantonly injure personal property, HENDERSON COUNTY SHERIFF'S OFFICE PATROL VEHICLE, CAR NUMBER SH 208, VIN 2C3CDXAT4MH525152, the property of HENDERSON COUNTY SHERIFF'S OFFICE. The damage caused was in excess of \$200.00.		
Race W	Sex F	Date Of Birth [REDACTED]/1997	Age	
Social Security No./Tax ID No. [REDACTED]-1017		Drivers License No. & State [REDACTED] NC		
Name Of Defendant's Employer				
Offense Code(s) I 2912	Offense In Violation Of G.S. I 14-160			
Date Of Offense 10/01/2021 through 10/01/2021				
Date Of Arrest & Check Digit No. (As Shown On Fingerprint Card) 2021-10-01				
Complainant (Name, Address Or Department) ROBERT J. WARREN HENDERSON COUNTY SHERIFFS OFFICE 100 NORTH GROVE STREET HENDERSONVILLE NC 28792 HENDERSON (828) 697-4596				
This act(s) was in violation of the law(s) referred to in this Warrant. This Warrant is issued upon information furnished under oath by the complainant listed. You are DIRECTED to arrest the defendant and bring the defendant before a judicial official without unnecessary delay to answer the charge(s) above.				
Names & Addresses Of Witnesses (Including Counties & Telephone Nos.) MICHAEL S LINDSAY HENDERSON COUNTY SHERIFFS OFFICE 100 NORTH GROVE STREET HENDERSONVILLE NC 28792 HENDERSON (828) 697-4596		Signature SUSAN N OATES Location Of Court <input checked="" type="checkbox"/> Magistrate <input type="checkbox"/> Deputy CSC <input type="checkbox"/> Assistant CSC <input type="checkbox"/> Clerk Of Superior Court		
<input type="checkbox"/> Misdemeanor Offense Which Requires Fingerprinting Per Fingerprint Plan		Date Issued 10/01/2021		
(over)				
ORIGINAL COPY				



STATE OF NORTH CAROLINA		In The General Court Of Justice	File No.	21CRS053859	Provide all case numbers resolved on the same day in the same court before the same judge.
HENDERSON		<input type="checkbox"/> District <input checked="" type="checkbox"/> Superior Court Division	Additional File No(s).		
		<input type="checkbox"/> Check Here If This Fee Application Covers Multiple Charges			

Name And Address Of Indigent Client
MACKENZIE ELAINA BROWN
158 HAVEN ROAD
BAST FLAT ROCK NC 28726

2022 OCT 21 A 11:21

HENDERSON COUNTY, C.S.C

Date Attorney Appointed
10/27/2021

Full Social Security No. (required by G.S. 7A-268(d)) **1 0 1 7** Has No Social Security No.

NON-CAPITAL CRIMINAL CASE TRIAL LEVEL FEE APPLICATION ORDER FOR PAYMENT JUDGMENT AGAINST INDIGENT

G.S. Ch. 7A, Art. 36; G.S. 122C-268(d), -286(d)

NOTE: Use this form ONLY for non-capital criminal cases at the trial level.

INSTRUCTIONS: Applicant completes and signs all applicable portions of Section I. The trial judge completes Sections II and III and signs Section IV to award payment or fix value of services and enter the appropriate judgments. If no judgments are to be entered, the trial judge must so indicate in Section III. Clerk mails private appointed counsel fee applications to: IDS Financial Services Office, Courier Box 56-10-60, Raleigh, NC, OR if courier is not available, mail to PO Box 2440, Raleigh, NC 27602.

I. APPLICATION

I, the undersigned assigned counsel, public defender, IDS contract counsel, make application for payment and reimbursement of necessary expenses incurred, or for determination of value of services rendered for the indigent, I certify that this information is correct to the best of my knowledge.

MOST SERIOUS ORIGINAL CHARGE AND MOST SERIOUS DISPOSITION: Check ONE box in each of the three following columns.

1. Original Charge (most serious offense)

- Felony Offense
Must Indicate Felony Class: _____
Name of Offense: _____
- Felony Probation Violation
- Misdemeanor Offense (Non-Traffic)
Must Indicate Misd. Class: _____
(If Class 3, attach Order Of Assignment)
- Misdemeanor Probation Violation
- DWI
- Other Traffic
Must Indicate Misd. Class: _____
(If Class 3, attach Order Of Assignment)
- Criminal Contempt
- Treatment Court (in columns 2 and 3, check Other)
- Satellite-Based Monitoring Hearing
(in columns 2 and 3, check Other)
- Non-Capital Motion For Appropriate Relief (in columns 2 and 3, check Other)
- Other*: _____
(Check only if none of the above)

2. Disposition (most serious disposition)

- Guilty Plea Before Trial: Most Serious Original Charge
- Guilty Plea Before Trial: Other Offense
Name Of Offense: _____
- Guilty Plea During Trial: Other Offense
Name Of Offense: _____
- Trial: Guilty Most Serious Original Charge
- Trial: Guilty Other Offense
Name Of Offense: _____
- Trial: Acquited
- Probation Violation Found
- Dismissed With Leave Dismissed Without Leave
- FTA/OFA Without Dismissal
- Deferred/Diverged
- Held In Criminal Contempt
- No Probable Cause
- Attorney Withdrawn (reason): _____
- None (Interim Fee)
- Other*: _____
(Check only if none of the above)

3. Judgment & Sentencing (most serious)

- Active Sentence
Length of Sentence: _____
- Split Sentence
- Supervised Probation
- Unsupervised Probation
- Probation Terminated
- PJC
- Fines And Costs Only
- None (Acquited/Dismissed)
- None (Deferred/Diverted)
- None (Attorney Withdrawn)
- None (Interim Fee)
- Other*: _____
(Check only if none of the above)

FINAL FEES ONLY:

Disposition Date Check here if you were appointed to represent this defendant in another case(s) at the time of the appointment to this case(s) and you already submitted a fee application for that case(s) in which the attorney appointment fee was charged.
10/25/2022

COMPLETE FOR THIS FEE: Check here if judge required time sheet. See Note on Side Two. (Time must be reported in decimals, not minutes.)

Beginning Date This Fee Request	Ending Date This Fee Request	Date First Substantive Client Interview	Prior Total Fees And Expenses Allowed	
10/27/2021	10/26/2022	12/13/2021	\$	
Name Of Judge Setting Fee	Time In Court	Time In Court Waiting	Time Out Of Court	Total Time Claimed This Fee
Knight	2.00	2.00	2.00	6.00

NOTE: In assigned counsel cases, the applicant is always the individual attorney. If payment is to be made to individual applicant, write "same" under Payee and give applicant's taxpayer ID No. (Federal Employer ID No. or, if no Federal Employer ID, SSN). If payment is to be made to applicant's firm, give firm name as Payee and firm's taxpayer ID No.

Name Of Applicant
DENNIS DUFFY MAXWELL

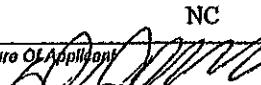
Payee (see Note)
District 29B Public Defender Office

Taxpayer ID No. (see Note) **N/A** Telephone No. **828-694-4270**

Email Address

Address
200 N. GROVE STREET, SUITE 93

HENDERSONVILLE NC 28792

Date **10/26/2022** Signature Of Applicant 

II. ORDER TO PAY OR FIX VALUE OF SERVICES

Based on the Findings of Fact set out in Section III, the Court ORDERS that the "Total Amount" stated on Line 4 below be:

- (Assigned Counsel) paid by the State of North Carolina to the payee named above.
- (Public Defender/IDS Contractor) fixed as the value of legal services and other expenses of representation rendered by the applicant named above.

1. Hours Approved By The Court	6.00
2. Fees Allowed/Value Of Services Rendered	(Hours Approved x IDS Rate) = \$ 390.00
3. Other Necessary Expenses Allowed By The Court	\$
4. TOTAL AMOUNT	\$ 390.00

(Over)